DOCUMENT RESUME

ED 460 497 EC 306 873

AUTHOR Eggers, Terri; Delp, William P.; Lazear, Katherine; Wells, Conni; Alonso-Martinez, Maria

TITLE Developing an Effective Statewide Network: Outcomes of Florida's System of Care for Students with Severe Emotional Disturbance.

PUB DATE 1996-02-00

NOTE 7p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844.

AVAILABLE FROM For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thprocindex.htm.

PUB TYPE Reports - Descriptive (141) -- Speeches/Meeting Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Agency Cooperation; *Delivery Systems; Elementary Secondary Education; *Emotional Disturbances; Inclusive Schools; Integrated Services; Mainstreaming; *Outcomes of Treatment; Residential Programs; *Severe Disabilities; *Special Education; *State Programs; Student Placement

IDENTIFIERS *Florida

ABSTRACT

This paper reviews a Florida program that offers fiscal incentives for collaboration among school districts within a region in providing services to students with serious emotional disturbances (SED). A statewide framework requires locally determined, needs-based priorities consistent with principles of multiagency planning, continuous improvement of service in the system of care, evaluation of system effectiveness, and information dissemination. Evaluation indicates there has been a 61 percent decrease in the number of SED students placed in private residential programs over the past nine years, a 60 percent increase in the numbers of SED students graduating from high school over the last 10 years, an increase of 25 percent in the number of students identified as eligible for services for youth with emotional disabilities, a decrease of 16 percent in the number of SED students placed outside the public school system, and a 15 percent increase in the number of students with emotional disabilities who are being served in regular education classrooms. In addition, families are more involved in multiagency planning at every level. Overall, Florida has increased the number of children served by 78 percent and reduced expenditures per child by 73 percent. (DB)

Reproductions supplied by EDRS are the best that can be made from the original document.

The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

ED 460 497

Developing an Effective Statewide Network: Outcomes of Florida's System of Care for Students with Severe Emotional Disturbance

Authors

Introduction Method Results Discussion References

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Introduction

Children in the education system with complex needs, at risk of costly institutionalization, present natural opportunities for cost-shared, collaborative planning, and service coordination. Many of these students may also be children served by the child welfare system, office of mental health services, and/or the juvenile justice system.

During the 1979-80 school year, Florida's public schools contracted for 72 residential placements of students with severe emotional disturbances; during the 1980-81 school year, 83 such placements were made prior to February of 1981. Total contract costs for these placements ranged from about $1,000 to over $248,000 per student. As a result of the increase in contracted services for residential placements by public school systems and the identified need for community based mental health services, the Bureau of Education for Exceptional Students, Division of Public Schools, Department of Education (DOE) was given the responsibility for conducting a study to determine the need for services for students with severe emotional disturbance (DOE, 1981). In February, 1981, a Report of the Study to Determine the Need for Educational Centers for Emotionally Disturbed Students was prepared for the Commissioner of Education. This study provided the information essential to the Florida Legislature to develop the Multiagency Network authorizing legislation.

The study found that the majority of children who were in state-funded residential treatment were being served in programs outside the State of Florida, and that 75% of Florida's children's mental health funds were being spent on residential treatment. Very few exceptional student education programs existed for students with severe emotional disturbance. There was only minimal community-based multiagency service planning, coordination, or delivery. Consequently, children's mental

EC 306873

BEST COPY AVAILABLE

health services were inadequate with virtually nothing to fill the void between outpatient care and hospitalization. It was also determined that the family involvement in children's mental health planning and programs was minimal or non-existent, and communication was limited across programs or agencies. There was limited cross program training, and any efforts in assessment were redundant and not focused. Finally, there was an absence of information and referral services, crisis intervention services, school-based mental health services, and multiagency case management for families.

Method

To address this multi-agency service issue, appointments by the Secretary of Health and Rehabilitative Services and the Commissioner of Education created a State Advisory Board composed of leaders in education, children's mental health, and children's advocacy. Working in an advisory capacity to the Bureau of Student Services and Exceptional Education, a plan to offer fiscal incentive for collaboration was developed and made available to select school districts within each region of the Department of Health and Rehabilitative Services (DHRS).

SEDNET projects were awarded to one school district within each DHRS region, and required signed cooperative agreements between DHRS and each school district. In many regions, projects were funded through the Individuals with Disabilities Education Act (IDEA) Part B, General Revenue, and local contributions. Each project was staffed by one full time project manager and various support staff. To date, over five hundred leaders in education, health and human service systems, mental health centers, parent coalitions, and juvenile justice entities voluntarily serve on regional SEDNET Advisory Boards.

Florida initially developed an urban and rural model in 1982-83. Pilot sites demonstrated the need for local flexibility and control for maximum success. Therefore, a statewide framework was developed requiring locally-determined, needs-based priorities consistent with guiding principles. Statewide network goals included the following: (a) multiagency planning for a complete array of services, (b) continuous improvement of service in the system of care, (c) evaluating the effectiveness of the system, and (d) disseminating information regarding the system of care.

In 1985, DOE contracted with the Department of Child and Family Studies, Florida Mental Health Institute, University of South Florida, to administer the Quality Development Teams (QDT), in order to identify characteristics of successful projects and evaluate SED Network Project impact on the delivery and effectiveness or services to children with SED. Statewide project reviews were conducted and features of quality projects and effective networks with successful outcomes were examined at the

networks with successful outcomes were examined at the planning, implementation, and evaluation levels. Multidisciplinary teams looked at what enabled networks to bring their children back to their communities from out of state and county placements, create new special education programs and day treatment programs, intervene in times of crises, provide multi-agency case planning and case management, and have meaningful parent involvement.

Standards and self assessment tools were developed for both the projects and networks, in addition to identification of competencies of effective project managers, board members, and other network participants. Five volumes of best practices were published as additional tools to assist communities in creative problem-solving, and program and professional development.

Florida's legislation authorizing the SED Network was amended in 1990 to include a requirement for annual reporting to the Legislature. Four annual reports have been produced to date, summarizing regional and statewide accomplishments and providing recommendations for further progress.

Results

Although enrollment in schools has grown by 32 percent over the past nine years, according to the March 2, 1995 memorandum to the Senate and House Appropriations Committee1, only 28 students with severe emotional disturbance were in private residential programs under school district contracts during fiscal year 1994-95. This is a reduction of 61%. Similar progress is evident in DHRS placement data, with a significant increase in Florida's ability to serve children in therapeutic foster homes versus more costly residential treatment.

Florida's progress over the last ten years is also evidenced in outcomes of students with severe emotional disturbance. According to enrollment, placement, and exit data, there has been a 60% increase in the numbers of students with severe emotional disturbance graduating from high school. Also, there has been a 25% increase of students identified as eligible for educational programs for youth with emotional disabilities, albeit consistent with the increase in Florida's student population. There are 16% fewer students with SED being placed outside the public school system, and a total of 15% more students with emotional disabilities are being served in regular education classrooms. Finally, there has been a 100% decrease in the number of students who are placed outside the state for residential treatment with children's mental health funds and an estimated 3,000 students were diverted from residential treatment during the past fiscal year through DHRS Family Service Planning Teams.

In 1995, families were more involved and active with

multiagency planning at every level than ever before. Due mainly to strong, cohesive groups and organizations, parents had opportunities to be active partners in planning and service delivery. This has resulted in policy enhancements and changes that impact favorably on Florida's students with severe emotional disturbance. The SED Network has assisted in the growth and development of organizations, such as The Florida Alliance for the Mentally Ill - Child and Adolescent Network (FAMI-CAN); The Florida Federation of Families for Children's Mental Health (FFFCMH); and The United Families for Children's Mental Health (UFCMH).

Network projects now boast 100% family attendance and participation in Family Service Planning Team operations, where multidisciplinary case plans are developed, case managers are designated, and integrated service plans are agreed upon by the significant participants in each child's life. In addition, family members serve on the State Advisory Board and on 17 of the 18 regional, multiagency advisory boards.

Discussion

By providing staff support, the DOE creates opportunities for school districts to unite in a regional structure consistent with the DHRS, fiscal agents for children's mental health funds. This approach has resulted in a rich diversity of decentralized structures and approaches, reflecting local decision-making that builds on community leadership and resources. This structure also allows for the maximization of scarce resources, supplementing the capability of a single county school district.

According to the Florida Children's Mental Health Plan (annually required for federal block grant funds), $228 million was spent on children's residential treatment services in 1995-96. The benefits of these funds is maximized with state, regional and locally integrated planning, implementation and evaluation. The total cost of the Statewide SED Network activities which assist with this function, as well as addressing the goal of an integrated system of care, is 2.2 million annually. During the 1995-96 legislature session, a 190% increase in General Revenue was allocated for SEDNET. As a result of an increased awareness for the needs of youth with emotional disabilities, advocacy, and research demonstrating the effectiveness of early intervention, Florida has (a) increased its budget for children's mental health by one million dollars in the last decade, (b) increased the number of children served by 78%, (c) reduced the expenditures per child by 73%, and (d) decreased the number of residential treatment from 29.3 days per recipient, in 1992, to 14 days, in 1994 or 52%.

The role of the state is to provide statewide coordination, identify and replicate effective practices, and provide technical assistance and eval-uation. Multiagency

networking contributes to student graduation, increased recognition of program and service eligibility, greater inclusion, improved access and effectiveness of the system of care, family involvement, and a broader array of community-based education and treatment alternatives.

Reference

Florida Department of Education (1981). A report of the study to determine the need for educational centers for emotionally disturbed children. A report to the Commissioner of Education.

Authors

Terri Eggers, Ed.S.
Program Specialist, SEDNET
Bureau of Student Services & Exceptional Education,
Community, Family & Student Support
Florida Department of Education, Suite 614
325 W. Gaines Street
Tallahassee, FL 32399-0400
Voice: 904/922-0046
Fax: 904/487-2679
egger-t@popmail.firn.edu

William P. Delp, Ed.D.
Director, Exceptional Student Education
School Board of
Sarasota County, Florida
5600 Bee Ridge Road
Sarasota, FL 34233
Voice: 941/361-6544
Fax: 941/361-6157

Katherine Lazear, M.A.
Quality Development Team Coordinator
Department of Child
and Family Studies
Florida Mental Health Institute
University of South Florida
13301 Bruce B. Downs Blvd.
Tampa, FL 33612-3899
Voice: 813/974-6135
Fax: 813/974-4406
lazear@hal.fmhi.usf.edu

Conni Wells
Parent Consultant/ State Board Co-Chair
SED Network Advisory Board
3627 Spring Creek Hwy
Crawfordville, FL 32327
Voice: 904/487-1542
Fax: 904/926-2523

Maria Alonso-Martinez, M.B.A.
Chief Operating Officer

Chief Operating Officer
Northwest Dade Center, Inc.
4175 West 20th Avenue
Hialeah, FL 33012
Voice: 305/558-0151
Fax: 305/362-1486

Liberton, C., Kutash, K., & Friedman, R. M. (Eds.), (1997). The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.